## **Disclosure of Preneed Funeral Agreement**

The funeral establishm	ent,			,
license number FD	(fune	eral establishment na	me) (check one) have a	preneed arrangement, as
defined below, made b		_		·
If the funeral estable	ishment <b>does ha</b> v	re a prepend agre	eement, complete the	following:
In compliance with presented to the pe	Business and Proferson named below	fessions Code Se v a copy of the pr	ection 7745, the funer	al establishment has ich has been signed and
Signature of funeral est	ablishment representa	itive	 Date	
provided until the time Business and Profession behalf of the decedent must be disclosed and the responsible party."  Funeral Establishmer establishment to prese agreement in its posse deceased. Business a be disclosed prior to dr present the copy in per the right to control disp	of death, and may ons Code Sections that is paid for in figuresented to the sections of the section which has been dependent on the section which has been dependent on the section of the	be either unfund 57685.6 and 774 cull or in part and curvivor of the decent of the dec	ed or may be paid for 5, a copy of any prends in the possession of the possession of the possession of the responsible part aid for in full, or in pact of the requires a copy of a sor services. The full e transmission, as ago at knowingly fails to p	n the goods or services are not in advance of need. Under eed agreement made by, or on if the funeral establishment ng the funeral arrangements, or ection 7745 requires a funeral y a copy of any preneed rt by, or on behalf of the any preneed arrangements to neral establishment may greed upon by the person with resent a preneed agreement as eement, or one thousand dollars
You may contact the matters or to file a com			nore information on fu	ineral, cemetery or cremation
400	netery and Funeral R Street, Suite 306 ramento, CA 95814	80	800-952-5210 916-322-7737	
Signature of the survivor or responsible party			Date	
Print name of the survivor of	r responsible party			
Signature of funeral establis	hment representative		Date	
Print name of funeral establ	ishment representative	<del></del>	Title	<del></del>

The funeral establishment must:

• Give a copy of the completed statement to the survivor or responsible party.

•	Retain the original completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.				